

## THE BOSTON

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### I.

#### Collections in Morbid Anatomy.\*

##### No. I.

Communicated for the Boston Medical and Surgical Journal,

By WALTER CHANNING, M.D.

##### Case of *Phthisis Pulmonalis*.

J. F., aged 66, presented the following symptoms when first seen, Jan. 19, 1829. It may be premised, that he had been under treatment, immediately previous to this period, for retention of urine, and of which he was now free. He states that he has had some cough and dyspnœa for several years. Four months since, had catarrh, with much expectoration, cough, and dyspnœa,—now no distinct pain in chest, cough very urgent, especially in erect posture; copious expectoration, frothy, mucous; much dyspnœa; respiration laborious, rapid, wheezing; lying on left side increases dyspnœa. Tongue at root covered with thick, brown, dry coat; clean and moist at edges. No appetite; three dejections to-day

from ol. ricini. Pulse 66; skin soft, moist; countenance anxious, emaciated; sleep much interrupted by difficulties in thorax. Eruptions on thorax from antimonial ointment.

20th, 9, A.M. Pulse 72, intermitting; respiration laborious, with much rattling in throat, and often with a groan; very irregularly; more motion in the abdomen than among the ribs.

R. Antim. Tart. gr. i.

Pulv. Opii, gr. vij.

Pulv. Digital. gr. v.

Hyd. Submur. gr. xij. M. ft.  
Pil. No. xij.

Two now, and two night and morning.

21st. Not relieved,—symptoms rather increased. Was bled to 3 xij.

23d. Some relief of dyspnœa from bleeding,—blood strongly cupped, ruffled at edges, buffed.

Very little relief at any time subsequently to last report occurred,—the disease became more and more aggravated, and the power to resist lessened. He sunk, and died Feb. 2d.

*Examination fifteen hours, post-mortem.*—On percussion of thorax, the left side resounded sufficiently well,—the right side well

\* Under this head it is proposed to publish, from time to time, such original and selected cases in Morbid Anatomy, as may be interesting and useful to the profession. Communications for this department, as for all others, are requested from our contributors.—Ed.

in front, to fifth or sixth ribs, elsewhere flat.

Upon opening the thorax, from three to four ounces of a reddish yellow serous fluid were found in the left cavity of the pleura.

*Left lung* every where edematous, holding deep pits on pressure, but crepitating freely,—posterior part less loaded with blood from gravitation than usual,—on incision in some parts, a reddish frothy fluid issued; the color not belonging to the frothy fluid, but arising from the mixture of blood.

*Right thorax.* Less serous fluid in the cavity of the pleura, than in the left thorax. *Lung*, at its upper and anterior part, much like left lung. This may be called the healthy portion, in comparison, and constituted about one third of the whole lung. On incision, however, this portion was not in so good a state as the left lung; more fluid issued upon incision, and the incised surface was more red, likewise. 1st, in one part, at least, there was some pus, and 2d, in one an indurated, melanose tumor. *Of the pus*, (1) this was thick and pure. It issued from two opposite surfaces upon incision, as if a tube containing pus had been cut across; possibly this was an enlarged bronchial tube, but upon closer examination, no evidence to this point could be obtained. The cavity containing the pus was laid open; in form it was somewhat tubular, but in structure there was nothing distinct. This pus did not contain air globules. The tumor (2) was not encysted, nor regular in form. It was in a great part, but not uniformly, black. The more diseased portion of the lung constituted not more than one quarter part of what was presented to view on

raising the sternum and cartilages; but the posterior and lateral views of the lung showed that about two thirds of the whole was greatly indurated, so as not to crepitate at all. The pleura was red, having membranous adhesions, not strong, to the diaphragm, and partly above, but not much on the posterior part. The upper part of this portion was least diseased; when cut, its surface poured out bloody and somewhat frothy fluid. In approaching the inferior part, the morbid change was greater; and at the lowest part, the incised surface had a smooth, gelatinous appearance, without showing of the natural structure. From this surface, there was not any sudden flow; but on scraping it, a fluid nearly colorless was readily obtained, and a piece laid on the table was greatly altered within an hour, by the gradual escape of the more fluid parts. In various parts of the diseased portion, when divided, pure and thick pus, without air, escaped from tube-like cavities, such as described above. Besides, there were three or four cavities (*vomicae?*) of a different kind. Two were particularly examined. One would have contained a large pea, at least; the other would have held two hazelnuts of good size. They were ragged cavities, of a dark brown color internally, with distinct, but not thick parietes, and contained a thin, dark fluid, the smell of which was very offensive.

*The heart* was rather small for the subject. On its upper or inferior face were two white patches, from effusion of coagulating lymph under or in the serous coat. Similar appearances were seen more slightly accompanying the

coronary arteries. A great part of its external surface, also, exhibited appearances less common, viz., the appearance of infiltration of, or under the serous coat, of a light dingy, yellow, gelatinous matter. This was not fat, and on being cut into, there issued a very little serous fluid. It was, perhaps, coagulating lymph. Internally the heart was natural, the age of the patient considered. The *aorta* had internally appearances of disease not unusual, and was also somewhat enlarged at its commencement, or near it. The internal change consisted in the deposition under the inner coat of a caseous matter,—a formation of matter like cartilage in some parts, and in one spot a deposition of earthy matter, (ossification). But the largest of the spots diseased was in some measure peculiar or unusual. This spot was flat, about  $1\frac{1}{2}$  inch in length, and in its extreme breadth about half an inch. Like the others, it rose into the arterial tube. It was nearly connected with a smaller tumor, under one of the semi-lunar valves, i. e., in the ventricle, but not in communication with its cavity. The larger tumor, when opened, was found, like the others, to contain caseous matter; but in connexion with this, in one part, was a thick, cream-like fluid, not unlike pus. Was this a softening, such as M. Laennec believes to occur in tubercles, or was it analogous to suppuration? The quantity of this matter was one very large drop.

Other morbid changes were, enlargement of the prostate, especially the middle lobe,—inflammation and thickening of the coats of the bladder, so that they had

become nearly half an inch thick, —a hernia of the large intestines, which had dragged down the stomach so that it lay completely up and down in the left side of the abdomen,—gravel in the kidneys, and a stone in the bladder.

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## II.

### *Tincture of Iodine in Diseases of the Joints.*

AN Essay has lately been published in London, by Mr. Thomas Buchanan, Surgeon, on a new mode of treatment for diseased joints, and the non-union of fracture, &c. The remedy principally relied on by Mr. B. is the *Tincture of Iodine*, made by dissolving one drachm of iodine in three ounces of rectified alcohol. It is applied *externally* to the diseased part, by means of a camel's hair pencil. According to Mr. B., this treatment has been highly successful in a majority of the cases in which he has employed it. The Editors of this Journal have been requested at different times to give some account of the medicines which have recently been introduced into practice. In farther compliance with these requests, they have selected the following from the cases of Mr. Buchanan.

Beside these cases, it was employed in gangrene, enlarged inguinal glands, and fistula in ano, and perineo, and with alleged benefit. Mr. B., it will be perceived, does not rely alone on the tincture. His patients, or some of them, take the blue pill; leeches; cathartics; the dulcamara; rest; and where the disease requires motion, as in some cases of

ununited fracture, exercise is made part of the treatment. These facts are very important; for, while they do not take away the just claims of any one remedy, whether new or old, to farther trial they place those claims just where they should be placed. It is especially the duty of those medical writers who bring forward new means of treatment, and challenge for them the respectful notice of the profession, that they should tell the whole truth about them; especially should they not conceal, however small they may think it to be, any agency which any other treatment might have had in the cases. In no work is the proof attempted to be more complete of the utility of Iodine in many diseases, than in Mansou's on this remedy. But he has very fairly stated what, and all other means employed along with it. Many of these are of acknowledged use in the same diseases, and the iodine obviously did little more than aid in the result. The same qualifications should probably be made of the recommendation of iodine by Mr. Buchanan.

It will be seen that this author recommends the *external* use of the *tincture* of iodine. It is in this, much of the novelty of his plan consists. Heretofore the tincture has been given *internally*, and the form of an ointment has been preferred for its external use.

**CASE IV.**—A girl, aged 19, had great pain in the joint of the left index finger, extending up the forearm and down to the point of the finger; pain increased by motion; parts slightly discolored, and

matter distinctly felt; grating noise or crepitus perceptible when the joint was moved. The complaint originated about a year before. The tincture of iodine was applied daily to the part affected, and the patient was ordered to take a little blue pill and rhubarb every night. She first applied on the 1st of March; and by the 7th the pain was gone, and the swelling considerably diminished. The matter within the capsular ligament was absorbed: 10th, as the patient persisted in returning to her service, she was discharged. On the 31st she again presented herself, with the part much swollen, from having used the joint too soon. The same remedy was again resorted to; and on the 12th of April the patient was dismissed, cured.

**CASE VIII.**—The eighth case is that of a bricklayer, aged 24, whose right knee was swollen to above twice the size of the left. The injury was supposed to have arisen from a fall. He had had an abscess in the same knee ever since he was six years of age, until about two months previous to the commencement of the present swelling. The eschars were still visible on the sides of the knee. Before applying to Mr. Buchanan, he had been confined for several days to his room, in expectation that, by rest, the swelling would disappear. The patient was of a fair complexion, skin thin and white; hair reddish, with freckles on the face. Mr. Buchanan being unable to attend the evening when first called, sent the patient six leeches to apply to the knee. On the following day the tumefaction was increasing, and he was no better in any respect. The tincture of iodine was now applied to

the inflamed parts, and an opening mixture prescribed. On the third day the swelling and pain were considerably diminished. On the ninth day the patient was able to go to work; by the twelfth he was perfectly recovered, and the remedy was therefore discontinued. The patient said, that the limb, which was formerly diseased, was now stronger than the other.

**CASE IX.—March 19th, 1827.** Robert Oliver, aged one year and nine months, was brought to me under the following circumstances: Right hip greatly enlarged, particularly the parts covering, and around the joint; limb shortened; the toes turned inwards, and the leg and thigh of the diseased limb wasted; appetite bad; faeces dark colored, with hectic fever. Hair fair, skin clear, veins seen distinctly. Patient a twin brother, but of rather large stature. Complaint began about six months ago, and during that period the case had been submitted successively to the inspection and treatment of two eminent physicians, and also of two surgeons. Agreeably to their directions, leeches and poultices had been applied, and medicine administered in various forms without affording any relief. One of the physicians refused to prescribe, alleging that medicine was of no use, the child being emaciated with symptoms of hectic fever, could not survive the shock which the system had received.\*

At present there is a large collection of matter forming a conical shaped tumor, rather over the posterior parts of the joint, and apparently ready to burst. The integuments of the central parts of the tumor of a whitish color, similar to that which is usually seen covering collections of matter, and surrounded with a blush of red, indicative of the acute stage of inflammation. The tumefaction of the joint forms a striking contrast to the emaciation of the leg and thigh. Great pain felt when the least attempt is made to move the limb, or even when the parts are slightly touched.

R. Applicat. Tinct. Iodinæ partibus dolentibus et tumefactæ omni die.

R. Pulv. Comp. gr. v. sumend. omni nocte.

21st. Size of the parts rather diminished, and the integuments considerably shrivelled.

R. Decoct. Dulcam. C. 3 viij. cuius capiat coch. j. mag. ter in die. Contin. pulvis.

24th. Tumor still more diminished; the external integuments considerably softer and wrinkled.

Repet. applicat. et contin. medi.

April 1st. Tumor less conical; patient can move the limb with considerably more ease than formerly.

8th. Tumefaction of the parts decreased; integuments more wrinkled and softer; appetite good; general health improving; patient can raise the limb, when desired, without pain. Aspect of the toes gradually resuming their natural position. Integuments covering the joint of the natural color, but considerably thickened.

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\* These circumstances are mentioned, not with any view to depreciate the professional character of the gentlemen consulted, they being the most respectable practitioners in the town or neighborhood; but merely to show the deplorable state to which the patient was reduced.

11th. Head of the trochanter major felt.

Cont. applicat. tincturæ et medi.

May 9th. The whole of the hip nearly of the same size as that of the left, except over the joint, which is rather more full. Right leg not quite so firm and muscular as the left. Discoloration completely gone; child looking remarkably well; induration of the integuments diminishing.

Cont. applicat. tincturæ et medi.

June 8th. Child brought to the surgery, where he walked across the room with a little help. Swelling gone, there remaining only a slight elevation formed by the indurated integuments.

Cont. applicat. tincturæ et medi.

August 8th. The tincture has been applied every second day this week past. The muscular substance of the leg and thigh very much improved. During a considerable period no motion could be obtained without great pain. The application speedily caused a cessation of pain, except when the joint was violently moved, and even then the pain was only partial. When absorption of the tumor took place, the parts continued for some time apparently of the same size, but turned gradually soft and spongy to the touch, and diminished almost imperceptibly.

In the early part of the treatment, the integuments on and around the joint used to be more swollen some days than others; but now the parts are regularly of a uniform size, except a slight enlargement about the joint, and even this slight elevation is gradually diminishing.

At present (1828) the boy can

run about without any assistance, has the free use of the limb, but has a slight halt, which may be attributed to part of the head of the femur being destroyed by ulceration during the time occupied by the palliative mode of practice, which was certainly consistent with the prevailing mode of treatment; but failed completely in arresting the progress of the disease in this instance, as well as in many others.

Hull, November 18th, 1826.  
Samuel Ridpath, ætat. 18, seaman apprentice, applied to me under the following circumstances: The patient had been employed, during the preceding summer, on board of the ship Alfred, in the Davis' Straits fishery; and on the 31st of May his right leg was fractured by the tiller of the vessel, when she was making a stern board among the ice. The tibia and fibula were both broken, but reduced immediately afterwards by the surgeon of the vessel. The fracture being oblique, and bad weather occurring, the medical attendant failed in keeping the extremities of the bones in apposition. As to the propriety of his conduct in allowing the bones to remain in that state, it forms no part of the present subject, and I shall merely state the situation in which I found the limb at the time of application. The extremity of the lower portion of the fibula was detained in the gastrocnemius muscle, while the extremity of the upper portion was in partial contact with the extremity of the lower portion of the tibia, and the extremity of the upper portion of the tibia, from the obliquity of the fracture, overlaid, but in partial contact with the extremity of the lower por-

tion. The patient was obliged to be supported at first with a crutch, and afterwards with a staff, from the weakness of the limb; otherwise in excellent health, and a strong, good-looking young man. The tincture was used in this case, and as stated, with perfect success.

### III.

#### *Strictures on the Diseases of Young Children.—From Lectures delivered at Guy's Hospital,*

By Dr. JAMES BLUNDELL.

(Continued from p. 29.)

THE essential part of the treatment may be comprised in a few words: in chronic cases, after effusion has taken place, bleeding from the head is of very doubtful propriety; but it seems to be a principal remedy if the attack is sudden and recent. The blood may be taken by leeches, or from the jugular vein; of the quantities, you may judge from the table already given. Again.

To clear the chylopoietic viscera, is always proper in these convulsive and hydrocephalic affections; ipecacuanha and calomel, or other laxatives and emetics, being employed for the purpose. Pastry and fruit are sometimes brought away in this manner, given, perhaps, to please the child by some indiscreet acquaintance.

In convulsive affections, be sure to refrigerate the head, particularly if the attack be recent. Let the hair be removed by the razor, or by the diligent use of the scissors. Ether and water, vinegar and water, or liquor ammon. acetatis, being employed in the way of lotion. Take care of the eyes. Ice may be thought of; water

may be poured over the scalp from a coffee pot; this is, in fact, *la douche*. Once a day, or half a dozen times, for a few seconds, or for a few minutes, the administration of refrigerants may be continued, according to the effect produced. Coolness of the scalp, and paleness and shrinking of the features, are the indications that the refrigerating applications have exerted their full operation. Warmth about the head, pulsating fontanelles, and inward fits, are the best signs that the refrigerants are again required.

To equalize the circulation, the warm bath is of great service; and although timorous mothers are very anxious lest the water should weaken, I think I never in one instance witnessed a dangerous debility produced in this manner; and of the bath I have made frequent use. 97 deg. of Fahrenheit's thermometer appears to be a very fit temperature; ten or fifteen minutes is an average period of immersion, to be lengthened if the child seem lively, and to be abbreviated should faintness occur; perhaps it is better to keep the head above water.

If after three or four immersions the child still scream when bathed, the bathing vessel may be covered with a blanket, and this being gradually pressed down with the infant, the water transudes almost unperceived through the texture, so that the little patient is in the bath before it is aware of it. When the bath is obstinately refused, wrapping the infant in a flannel, wrung out of water at the temperature of 97 deg. of Fahrenheit, may be found an excellent substitute; it may lie there among the folds, as comfortably as in the womb of the mother. If you wish to make the

child superlatively happy, tell the friends to put a few broken corks in the water : *Dis miscent superis.* Thirty or forty years afterwards they would not find half the pleasure in a globe and sceptre.

I have known infants to be regularly attacked with convulsions every time they screamed ; vex them, and a fit ensued : hence the importance of keeping all quiet. When the other remedies, namely, bleeding, purging, refrigeration of the head, and warm immersion, have been used, quiet may sometimes be ensured by syrup of poppies, or other anodynes. I know that in convulsive cases, with much lethargy, protracted for one or two weeks together, infants sometimes unexpectedly survive ; and I have seen these recoveries recur under the use of opium, in such doses as decidedly affected the system, given with no other view than that of easing the distress of the little sufferer. Lowder, the predecessor of Haughton, used to state his conviction, that opiates were of effective use in curing the disease ; and certainly my own persuasion is, that when administered in cases verging to the chronic form, and attended with distress and restlessness, they not only do not marked injury, but tend to accelerate the cure. I wish it were in my power to be more definite in my statements here ; but I want more light.

When the disposition to cerebral afflux, and general hurry of the circulation, is obstinate, digitalis may deserve consideration. It is a dangerous but powerful agent, and must be sedulously watched. In convulsions, inquire whether any irritant is in operation. In all cases when the gums

are suspected, they ought to be lanced.

A warm surface, a cool scalp, a vegetable diet, and gums lanced, when necessary, are, I believe, the best preventives of hydrocephalic and convulsive affections. With such children, evening walks are dangerous. Inward fits, bright eyes, glowing cheeks, and that slight irritability of temper which tender mothers deem an additional interest, constitute some of the plainer indications of an approaching attack. In one family, sometimes five or six infants are lost in succession under these cephalic affections ; the necessity of preventive treatment is, in such cases, obvious enough.

*Serous diarrhoea* is a disease which proves the death of many infants, especially within the month. Ten or twenty watery evacuations, green, or becoming greenish, may occur in the course of the day. In the course of twenty or thirty hours, the fat may be absorbed so rapidly, that the skin, hanging loosely over the body, reminds one of the modish dresses of the day ; and the body at first, perhaps, disposed to heat, becomes cold, pale, and collapsed, the patient recovering gradually, or dying at the end of some three or four days. This diarrhoea is more particularly dangerous, if the infant, not above a week or two old, has been gradually pining before the attack.

Mere irritability of the chylopoietic apparatus is not always, nor, perhaps, often the sole and immediate cause of these attacks. In some severe cases, superficial ulcers are found in the villous membrane after death ; in others, on different parts of the intestinal surface, we discover spots of in-

creased vascularity. When the conjunctiva, the urethra, the vagina, and the Schneiderian membrane, are inflamed superficially, they all increase in their irritability and their secretions, unless the inflammation be pushed beyond a certain degree; and it seems not improbable, therefore, that in infants the serous diarrhoea may more properly be referred to inflammation, than simple irritability of the inner surface of the membrane. In this preparation, presented by a very excellent and promising young gentleman, the late Dr. Cox, in the compass of one foot of intestine, you may see fifteen or twenty superficial ulcers, large as the surface of a split pea.

The substitution of other aliment for the human breast-milk, is the ordinary cause of watery diarrhoea; and to correct this error, is the first step of the cure. As observed before, if the infant be too weak to draw from the breast, the milk should be procured by proper drawing instruments, and administered with a spoon. Unless the human milk be promptly supplied, there is no reasonable hope of cure. In some cases, when the disease has been recent, I have, to appearance, successfully treated the watery diarrhoea on the antiphlogistic plan; but poppies, opiates, anti-acids, and aromatics, are the remedies which have appeared to have the best effects; and, at present, I know of none preferable. Two or three drops (not minims) daily of the opiate tincture, in slighter cases, may check the diarrhoea much; the great evil of this, and, indeed, of all the anodynes, is, that they make the infant so torpid, that it neglects to draw the

breath. Beware of overdosing. A useful formula in these cases, is the following: of aromatic confection, one drachm; of poppy syrup, (genuine,) one drachm; of dill-seed water, an ounce and a half; of spirit of nutmeg, thirty or forty drops. A teaspoonful to be given after every, or every other watery evacuation, unless the infant be drowsy, so that the whole may be taken in the course of the twenty-four hours. Till the breath is out of the body, you must never despair of children laboring under this disease.

Infants are obnoxious to *a sort of specific inflammation of the mucous membrane, the thrush, or aphthæ*, as it is called, and which may attack the mouth only, or the whole length of the alimentary tube. That the milder thrush is begun, we may suspect when the nipple is aphthous and the child is drowsy; and when the sucking is frequently interrupted with crying, and the tongue and inner surface of the cheeks are red, and scattered over with a substance, like the curd of milk. When, in conjunction with these symptoms, the bowels purge, and the stomach vomits, and screaming and gas indicate intestinal spasms, and an aphthous appearance is remarked in the perinæum and parts adjacent to the anus, we may then reasonably infer that the whole track of the intestinal tube is affected with aphthæ, or with aphthous irritation. The vagina, invested by a membrane like the oral epithelium, is, in women, sometimes attacked with a disease, which I conceive to be very analogous to the thrush of infants; and, under this disease, large quantities of curdy matter, of which I here show a specimen,

will sometimes form itself in no sparing abundance. Now, what is the exact nature of the white specks of infantile thrush I am not certain, but it appears to me, that, not unlike this in nature, it consists of a morbid secretion from the mucous membrane.

When thrush is attended with purging, it may, I believe, be best treated like the aqueous diarrhoea just considered. When confined to the mouth, borax, mulberry syrup, and other stimulant astringents may be used with success. A useful linctus consists of borax, one drachm, and of simple syrup one ounce, or honey may be substituted for syrup, if not too irritating. Of this linctus, a little may be put into the mouth repeatedly in the course of the day; the best instrument for diffusing it over the mouth is the child's own tongue.

*Mesenteric obstructions* are not, I think, frequent in very young children, but, without such obstruction, you may frequently meet with an inflated abdomen, and a gradual wasting of the other parts. *Marasmus*, as it is called, usually, I think, arises from one of three causes,—a denial of the human breast-milk; an inertness of the chylopoietic viscera, which either form their secretions too sparingly, or of deficient digestive power; and an afflux of blood on the head, with, perhaps, a concealed hydrocephalus. When the chylopoietic viscera are inert, without cephalic disease, I have seen much apparent benefit from Cayenne pepper, and quinine, in pill, according to effect produced, with a dose of blue pill, or a grain or so of calomel, two or three times a week. Think of intro-susception, bowel irritation, bloody

stools, and tenesmus, and beware of too frequent or too large a use of calomel. Change of air, and country air, or of the sea-shore, seem sometimes, in marasmus, to do more good than all our medicines. And thus much, then, in the way of practical remark, on the diseases of young infants, those especially which occur within the first few weeks, for to these it is that the preceding remarks, with few exceptions, are designed mainly to apply.

#### IV.

##### SELECTIONS FROM FOREIGN JOURNALS.

*Case of Dislocation of the Femur backwards, which had existed five months, and in which the Reduction was effected.*

BENJAMIN WHITTEMURGH, a stout muscular man, was admitted under the care of Mr. Travers, on the 4th of November, with dislocation of the femur on the dorsum of the ilium. He stated, that on the 4th of June last, a tree fell upon him, and he thus received a severe injury, on account of which he sent for a practitioner, who failed to discover any thing wrong about the hip. However, at the end of six weeks, he told the *surgeon* that he was certain the bone was displaced; to which the *surgeon* replied, that if it were so, it must remain, for it was too late to attempt reduction. At length he was advised to go to the Hospital, after the dislocation had existed five months.

When admitted, the characteristic signs of dislocation of the hip backwards were found to be very distinct;—the limb was about two inches and a half short-

er than the opposite. Notwithstanding the great length of time in which the bone had remained dislocated, Mr. Travers determined on attempting reduction; and with this view, on Friday last, the man was put on the table of the operating theatre, having first been put in the warm bath, and bled. Extension was made in a right line with the body, and a dose of solution of tartar emetic was given every ten minutes. After the extension had been kept up for about half an hour, blood was taken from the arm; and afterwards, continuing the force steadily for nearly the same length of time, the bone was at length reduced.

The patient passed a restless night, and suffered much pain, but we found, on visiting him at noon, that the bone was *in situ*, and he had the power of rotating the foot outwards. But, when seen by Mr. Travers, in the afternoon, the bone had become displaced—there was considerable shortening of the limb—and, in short, every symptom as before reduction.

It is intended to attempt reduction again, and then to place the limb on a double inclined plane.

#### *Termination of the Retina in the Human Eye.*

It has very often been discussed, where the retina terminates anteriorly, and, as far as we know, the opinions of anatomists as to this point are not yet settled. Dr. Schneider, of the University of Munich, has lately, by very accurate researches, endeavored to determine the question. According to him, the following are the different opinions on the subject:—

1. The retina reaches no further than the middle of the vitre-

ous humor.—Fallopis and Vesalius.

2. It terminates at the exterior margin of the processus ciliares.—Meckel, Sömmering, Wrisberg, Zinn, Rudolphi, Velpeau, Home, Jacob, Paullucci.

3. It extends to the circumference of the lens, where it is inserted in the capsule.—Ferrin, Haller, Lieutaud, Monro, Winslow.

4. It is continued into the processus ciliares.

5. Having reached the external zone of Zinn, it forms a defined edge, from which it extends, as a very delicate membrane, to the margin of the lens.—Caerens, Walter, Doellinger, Hesselbach.

According to M. Schneider, it proceeds from the external margin of the corpus ciliare, where it was generally supposed to terminate, to the lens on the greatest circumference of which it ends, by a free margin, and without any firm attachment to the capsule. This continuation of the retina lies between the zone of Zinn and the corpus ciliare; it appears as a very delicate, thin, medullary membrane, somewhat thickened at its internal free margin. It is covered by the pigmentum nigrum, which is most copious on the external portion, but gradually decreases anteriorly and inferiorly, so that the free margin of the retina is not covered by it. At the distance of about one-eighteenth of an inch from the circumference of the lens, the retina increases in thickness, is very white, and of a folded structure, in which the separate folds, from 70 to 75 in number, are placed at regular intervals. The internal margin of this folded ring adheres to the capsule. Under the microscope,

the termination of these folds anteriorly appear as more or less coniform bodies placed in different directions, and very similar to the nervous papillæ of the tongue.

*Successful Case of Transfusion.*

Dr. Blundell, on the 7th instant, performed the operation of transfusion on a lady at Walworth, assisted by Mr. Poynter, of Somerstown, Mr. Davies, and Mr. Lambert. The circumstances of the case were briefly as follow : —The patient, a delicate woman, 25 years of age, the mother of two children, was taken in labor on the morning of the 7th ; Mr. Poynter had been engaged to attend her, but it was found necessary, before the arrival of this gentleman, to call in Mr. Davies. There was nothing remarkable in the labor ; the child presented naturally, the placenta came away entire in the course of a few minutes, and the patient remained for about an hour and a half, to use her own expression, "quite comfortable." An alarming state of collapse somewhat suddenly ensued, and it was found that considerable hæmorrhage had taken place from the uterus : pressure was made on the abdomen ; ice was introduced into the vagina, and various means employed. No further discharge of blood took place, but the patient was in an extreme state of prostration, blanched, and perfectly bloodless in appearance ; the pulse not higher than 120, but sometimes almost imperceptible. Stimulants (brandy and port wine) were freely given, but with no marked benefit. In this state of affairs, Dr. Blundell arrived, and determined on transfusion, observing, that although there were some symp-

toms absent, which were necessary to make the case one of an extreme kind, namely, a greater rapidity of pulse, and restlessness ; and although there was a possibility of the patient recovering, as the hæmorrhage was restrained, yet looking to the exhausted state of the patient, and the slight temporary benefit that had accrued from the use of stimulants, he thought the balance was against her, and that it was desirable to give the pabulum vitæ,—blood. About eight ounces, procured from the arm of Mr. Davies, were injected at different times —the whole operation occupying upwards of three hours. It was not until the whole quantity had been thrown in, that there was any decided amendment in the condition of the patient ; she then rallied, and became in every respect better. Her convalescence has been gradual, and at this time, eleven days after delivery, she is doing well. The lochia discharge has returned within the last three days, and she says that she feels stronger and better than in the same lapse of time, after her two previous labors. There has been some tumefaction, and likewise pain of the arm, in which the transfusion was made ; but these have subsided. It is worthy of notice, that the patient expresses herself very strongly on the benefits resulting from the injection of the blood ; her observations are equivalent to this—that she felt as if life were infused into her body.

*Double Uterus, and double Impregnation.*

L. B., ætat. 30, of a robust constitution, had been in labor for two days, when Dr. Geiss, who describes the case, was sent for.

He observed that the pains were confined to the right side, where the uterus reached almost to the true ribs, while, on the left side, it did not rise higher than the navel. The external genitals were regularly formed; and it having been found that the shoulder presented, the operation of turning was resorted to, and a healthy female child extracted. Soon after delivery, the right side of the abdomen collapsed, the left half retaining its size. An hour after the birth of this child, the labor-pains returned, and, on examination, it was found that, at the side of the os uteri, and quite distinct from it, there existed a circular opening, through which the distended membranes of another child protruded. It was a full-grown boy, and, after its birth, Dr. Geiss, having introduced his hand into the left cavity, convinced himself that it had no communication with the right half of the uterus, which had already contracted. The left uterus contracted rather slowly, and the patient lost much blood from it. Two months afterwards, both children, as well as the mother, were perfectly healthy. Two years afterwards she was again delivered, but of one child only.

*Rust's Magazine.*

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BOSTON, TUESDAY, MARCH 10, 1829.

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THE Transactions of the Medical Society of the State of New-York, at the meetings held in February, 1829, have been received. The Society met at Albany, on Tuesday, the 3d of February, and was in session three days. Much important business was transacted, and the best spirit evinced to preserve to the pro-

fession an honorable and useful influence on the whole community. A communication was received from the Medical Society of New-York, through a delegation to the State Society, requesting the coöperation of the latter in an attempt to establish a *State Vaccination Institution*, to be fixed in the city of New-York; also to petition the legislature for pecuniary aid to relieve the embarrassments of the College of Physicians and Surgeons; to procure changes in the laws regulating the practice of Physic and Surgery; and requesting the assistance of the State Society in suppressing intemperance, and preventing irregular vending of medicine. The communication was committed, and the Committee reported favorably on all the subjects enumerated, excepting that which relates to an alteration in the laws regulating the practice of Physic and Surgery. Committees were then appointed on the subject of a Vaccine Institution; the College of Physicians and Surgeons; and on licensing retailers of medicine. The Committee on Prize Questions and Dissertations then reported—

"That they have received four dissertations on Typhous Fever—but from the late period of their arrival and their voluminous contents, the whole of the committee have not had sufficient time for their examination. Your committee will be able to decide on their merits by the 1st day of May next.\*

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\*\* The mottos of the above Dissertations are as follows:

"1. 'In Medicina, sine qua non observatio.'

"2. 'Ex principiis nascitur probabilitas, ex factis vero veritas.'

"3. 'Beatum est causas cognoscere rerum.'

"4. 'Studium sine calamo, somnium.'

"For the ensuing year, they would propose the following questions—viz.

"1. The history of *Prussic Acid*; including the best mode of preparing it, its modus operandi—the diseases in which it is most useful, and the best manner of exhibiting it.

"2. The history, preparation, and medical uses of *Iodine*.

"3. The symptoms, causes, and treatment of *Delirium Tremens*, illustrated by cases.

"4. The nature, causes, and cure of *Psoriasis*.

"Whereupon, *Resolved*, That the following be the prize questions for the year 1830.

"1. *The history, preparation, and medical uses of Iodine*.

"2. *The nature, symptoms, causes, and treatment of Delirium Tremens, illustrated by cases*.

"On motion, *Resolved*, That the sum of Fifty Dollars be offered as a premium on each of the above subjects."

The Transactions contain the annual Address by T. ROMEYN BECK, M.D., President of the Society. This is a very valuable part of the volume. We have read it with much pleasure. Such communications cannot fail to exert a very useful influence upon the Society itself and upon the profession. They show very distinctly that a strong interest is felt in its character by those who have been called to fill its high offices,—that this interest is not lost in personal success, but is ever ready to discover itself upon all such occasions as demand it. We had marked some passages in this address, which, by the kindness of its author, had reached us before the Transactions. We are always happy to acknowledge such obligations, and to communicate, as far as we are able, the valuable

observations of which we, in this way, become possessed.

Dr. Beck's address is on Improvement in Medicine; and the first illustration he offers on what has been done to promote it, is the *distrust which is obtaining against general theories*. The second illustration is derived from *advancement in pathological research*. After a passing eulogy of Bichat and of his successful labors in the promotion of this object, Dr. B. remarks:

"Look at the practical operation of this pursuit. An individual, after struggling with disease which resists all medical skill, sinks under its effects. The symptoms have been narrowly watched by his attendant, and he has endeavored to apply appropriate remedies. But occasionally some appearances have been noticed, the cause of which he cannot explain. His medical agents also do not produce their usual effects. What are the morbid changes that have caused this? If the lifeless body be consigned to its mother earth without examination, can any information, except of a mere negative kind, be drawn from the case, to be hereafter applied for the benefit of the living? Not so is the practice in the foreign countries which I have noticed. The view of the ravages of the disease illustrates the alterations which have taken place; and although they frequently appear rather as effects, than causes, yet sufficient is obvious to enable useful deductions to be formed, to explain many of the symptoms, and to furnish materials for reflection and improvement in future practice. Need I suggest that many diseases are yet imperfectly understood, and can only be elucidated by the light of this torch. How many have been thus developed by the labors of Morgagni, Baillie and others. How many,

even within the present century, have been successfully explored by Laennec and his compeers in France, by Bell and others in England. The nature of new or unknown diseases can thus alone be discovered. Allow me, in illustration, to refer to a case of mortality, the sudden announcement of which is feelingly remembered by every man in the community who was then living. If the death of our beloved and lamented WASHINGTON, was owing, as would seem from the brief account we have of his symptoms, to the disease now styled Laryngitis, where was the instruction to guide the practitioner? It was not until several years thereafter, that the sudden decease from it of two distinguished physicians in London, led to pathological examination. Its nature became evident—its mortality was rendered less certain—and dangerous as it must ever prove, instances are even multiplying of recovery from its effects. And yet this disease must have occurred centuries ago, and who can tell how many lives might have been prolonged, had its character been thus specially marked and investigated at an early period."

Following this are some remarks on the importance of Dissection.

"The tendency of these observations necessarily leads me to notice the importance of dissection. I am aware of the prejudices that must be encountered in discussing its necessity; but they must be overcome, if at all, by arguments that shall shake their vehemence. They owe their origin, in some respects, to the best feelings of the human heart—while they are unquestionably heightened by the practice of disinterment. But it is because we would render this alternative unnecessary, that I venture to mention the subject.

"That an intimate knowledge of the condition of the human system, both in health and in disease, is indispensable to the judicious applica-

tion of curative means, would seem to be an axiom that requires only to be stated, in order to meet with universal credence. It is no less certain that the community must suffer from the consequences of ignorance. The truth of these remarks appears most strikingly in the department of surgery, although they will be no less conspicuous to him who will investigate, in that of medicine.

"A word or two is necessary in defence of those who pursue these studies. All will grant that they would not have been selected, except from a high sense of duty. It requires some lofty incitement—some moral courage, to be thus employed. The mysterious change which death induces, is alone sufficient to startle the buoyant spirit; but with this, the pathologist must familiarize himself. He proceeds to his high office at the risk of health—often indeed of existence. I appeal to your reading, in confirmation of the truth of my assertion, that for several years, scarcely a medical journal has arrived from abroad, which does not contain an account of some individual, who has either met with irreparable injury to his constitution, or has lost his life, from accidents occurring during dissection. Instances of a similar nature have happened in our own country—and apart from the honorable ambition of acquiring some fame, what can be the object of this untiring and hazardous labor? Is it not to ascertain what has been the cause of the mortality, and whether its seat and nature are under the power of human skill? Surely, under the obstacles which I have noticed, a triumphant proof is given of the desire of improvement in our profession."

The progress of medical science is shown in the third place, *in the remarkable improvement which has been made in the composition and administration of remedies.* For the remarks under this head, we must refer to the address.

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.

## ADVERTISEMENTS.

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OR

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To those who know the high character of many of the English Magazines, a better idea of the nature of the Atheneum cannot be given than by stating that it contains the *Spirit* of these Magazines and those of Scotland; a preference being given by the Editor, however, to such articles as are best adapted to the American reader. It is thus designed to constitute a work which will unite the vivid sketching, the raciness and vigor of Blackwood, the sprightly and elegant genius, and the literary discrimination of the New Monthly, with the qualities of the various other journals of merit. The Poetry with which it is enriched cannot, while the names of the most gifted English poets are on the list of contributors to these Magazines, be otherwise than the best.

On the first of October last the Third Series of the Atheneum was commenced, on an improved plan, with new and handsome type. Since that period, the number published on the 1st of each month has been embellished with a colored plate, containing two whole-length Portrait-figures, representing the latest FEMALE FASHIONS. These are executed on fine paper, in a style highly ornamental

to the work, and are accompanied by full explanations. Other plates are occasionally introduced:—No. 2, of the present volume, is embellished with a Portrait of the late Bishop Heber, and the No. for the 1st of March with one of Thomas Moore, Esq. On the 15th of February, a piece of MUSIC was added, which plan, together with that of the Fashions and other plates, will be continued. The recent increase of its circulation among every class of the reading community, justifies the Publisher in believing that these improvements, combined with the value of its literary department, have rendered the Spirit of the English Magazines a pleasing and useful accession to the LADY'S TOILET, the DRAWING ROOM and the LIBRARY.

The Atheneum is published at 184, Washington Street, Boston, by JOHN COTTON, on the 1st and 15th of every month, each number containing 40 pages, large octavo, and forming two volumes a year of 480 pages each. The price of the work, with the Plates of the Fashions, is six dollars a year; without them, five dollars. It is sent by mail to any part of the United States, enclosed in strong wrappers. Those who wish for the back numbers can be furnished with them.

February 28, 1829.

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Oct. 14.

### LECTURES ON ANATOMY.

**T**ICKETS of admission to Dr. J. V. C. SMITH'S Evening Lectures on Anatomy, may be obtained at BREWER & BROTHERS, Apothecaries, Washington Street.

Feb. 17.